

CORRESPONDENCE

were pointed out in the lead article, concerning acute cholecystitis, in the August issue.²

Another problem is general practitioners with their own x-ray equipment. There is no doubt that this is a great money-maker and the cost of excess x-ray testing probably reaches millions of dollars in California alone. This is to say nothing about the lack of radiation control and film quality.

I think these two problems, when corrected, would decrease patients' costs.

RICHARD M. HEAD, MD
Redwood Memorial Hospital
Fortuna, California

REFERENCES

1. McPhee SJ, Myers LP, Schroeder SA: The costs and risks of medical care—An annotated bibliography for clinicians and educators (Special Article). *West J Med* 1982 Aug; 137:145-161
2. Krishnamurthy GT: Acute cholecystitis: The diagnostic role for current imaging tests. *West J Med* 1982 Aug; 137:87-94

Waterborne Transmission of *Campylobacter*

Campylobacter organisms are a common cause of diarrheal illness, found in approximately 5 percent of stool specimens cultured for bacterial pathogens by the Washington State Public Health Laboratory. *Campylobacter* sp have been isolated from seawater¹ and waterborne transmission has been reported in three outbreaks.²⁻⁴

As a result of bacterial surveys of water supplies in Washington state, we have isolated *Campylobacter* organisms from three sources of raw surface water (lakes). In each case neither total nor fecal coliforms were significantly elevated in the samples and no source of contamination was identified. It is possible that infected waterfowl or other wildlife were responsible for the contamination.

Although *Campylobacter* infections usually cause symptoms distinctly different from those associated with giardiasis, the symptoms can be nearly indistinguishable. Since both infections may result from consumption of untreated surface water, both are possible causes of diarrheal illness among persons with a recent history of untreated water consumption. Exhibiting a shorter incubation period than giardiasis, *Campylobacter* infection should be considered in patients with diarrhea when untreated water has been consumed within seven days of the beginning of symptoms.

KATHY PERKINS-JONES, BS
ROBERT L. HOLMAN, MS
FLOYD FROST, PhD
State of Washington
Department of Social and Health Services
Seattle

REFERENCES

1. Knill M, Suckling WG, Pearson AD: Environmental isolation of heat-tolerant *Campylobacter* in the Southampton area (Letter). *Lancet* 1978 Nov 4; 2:1002-1003
2. Mentzing LO: Waterborne outbreaks of *Campylobacter* in central Sweden (Letter). *Lancet* 1981 Aug 15; 2(8242):352-354
3. Waterborne *Campylobacter* gastroenteritis—Vermont. *Morbidity Mortality Weekly Rep* 1978; 27:207
4. Possible waterborne *Campylobacter* outbreak in British Columbia. *Can Disease Weekly Rep* 1981 Nov 7; 7(45):223-227

The Pot and the Kettle

TO THE EDITOR: Talk about the pot calling the kettle black!

MSMW must be steamed up about *encounter*; so much so, he doesn't see (in his August editorial)¹ the same evil in saying *lexicon* when he means *vocabulary*; isn't bothered a whit about preferring *professional happening* (happening!!) to *encounter*; and seems smug when he senses steps, especially steps that degrade semantically, and best of all, steps that degrade relationships.

Justifiably riled about *providers* and *consumers*, he uses the same claptrap when he has them *interacting professionally* (implying, I guess, that patients are professional), not to mention interacting in delivery. Narrowly escaping *hopefully*, he's so careful to say "it is to be hoped" that he forgets to stick a comma on both sides of a plainly independent clause.

He's so upset by *encounter* that he doesn't vomit when he says "meaningful doctor-patient relationship" (that's to distinguish it, I suppose, from *meaningless* relationships). Because of his distress, we can overlook *usage* when *use* would do nicely, but it's unforgivable to somehow justify the jargon he not only criticizes but uses, by saying that "language is made up of the words people use and the ways they use them." Stopping there ignores the corollaries that language can be simple, effective, direct, clear and beautiful, or it can be, as in his case, dull, trite, puffed-up, muddy and ugly. If I were Malcolm S. M. Watts, MD, and if I were editor of THE WESTERN JOURNAL OF MEDICINE, and if I wrote like that, I'd sign it MSMW, too, out of embarrassment—irrespective of whether I ever used the word (*sic*).

JAMES B. SMITH, MD
Seattle

REFERENCE

1. On having encounters with patients (Editorial). *West J Med* 1982 Aug; 137:129

EDITOR'S NOTE: Touché × 3(?)—Whoopee!!

—MSMW